## Section V
## Substance Abuse Treatment Capacity in Massachusetts

Massachusetts is fortunate in its ability to offer several substance use disorder specific home visiting programs. Yet, there are significant gaps in these services across the Commonwealth, as indicated by waiting lists, inadequate staff capacity, a lack of coordination among state agencies, and the locations of where services are targeted, among a number of others.

*Introduction*

Nationally, both moral perspectives and changing perceptions of the disease model of alcoholism and addiction have significantly influenced the formulation of drug and alcohol policy[1]. In Massachusetts, substance use disorder is considered a serious public health issue contributing directly and indirectly to concerns for the health and well-being of individuals, families and communities across the Commonwealth. The Bureau of Substance Abuse Services (BSAS) at the Massachusetts Department of Public Health (MDPH) is the Single State Authority (SSA) for the prevention and treatment of substance use disorders in the Commonwealth. Responsibilities as the SSA include:

- Licensing programs and counselors
- Funding and monitoring prevention and treatment services
- Providing access to treatment for the indigent and uninsured
- Developing and implementing policies and programs
- Collecting , managing, analyzing and reporting of administrative data

Massachusetts BSAS fosters the continuum of care for the screening, prevention, intervention, and recovery of all residents. BSAS programming emphasizes on a holistic, family and individual approach to substance use disorders, based on a growing evidence base that improved outcomes can be obtained through focusing on the entire environment of the family.

BSAS has 130 Agencies with 266 programs operating at 508 sites across the Commonwealth. Service types included are:

- Acute Treatment Services (Detox), (ATS)
- Driver Alcohol Education (DAE)
- Day Treatment (DT )
- Gambling Addiction Treatment (GAM)
- Intensive Outpatient Treatment (IOT)
- Narcotic Treatment (Methadone Maintenance), (NT)
- Office Based Opioid Treatment (Buprenorphine), (OBOT)
- Outpatient Counseling (Ambulatory), (OPC)
- Residential Recovery Services (includes different models, such as Therapeutic Community, Social Model and Recovery Home), (RR)
- Transitional Support Services (Post-Detox), (TSS)
- Youth Intervention (YI)

- Youth Residential (YR)

*Mental Health Parity Law*
Chapter 256 of the Acts of 2008 represented a historic expansion in access to mental health services. Combined with the federal parity law, and in the context of near-universal coverage in Massachusetts, it will help ensure that all residents of Massachusetts will have full access to mental health and substance use disorder treatment. This legislation continues to fight stigma against a vulnerable population and will enable Massachusetts remain a national leader in protecting access to mental health and substance use treatment.

**BSAS Screening, Prevention, Intervention, and Recovery Programs**

***Screening & Prevention Programs***
BSAS, through Federal Block Grant funding from the Substance Abuse Mental Health Services Administration (SAMHSA), funds 31 community-based prevention programs. All programs, utilizing SAMHSA's Strategic Prevention Framework, implement evidence-based programs/strategies to prevent alcohol, marijuana, and other drug abuse, with a particular focus on the population under age 21 years. Each program is implemented in a specific municipality or neighborhood and is carried out by a coalition of organized community members who have an interest in helping their community prevent substance use disorders.

The goals and strategies of these programs include:

- Preventing substance use disorders, with a particular focus on the under 21 population;
- Implementing evidence-based programs/strategies shown to produce positive changes in rates of abuse, utilizing SAMHSA's Strategic Prevention Framework;
- Viewing youth as resources in their communities; incorporating meaningful youth involvement in program planning, implementation, and evaluation; and focusing on positive outcomes for youth;
- Utilizing environmental prevention approaches which seek to change the overall context within which substance use disorders occur, including a focus on availability, norms, and regulations; and
- Monitoring and evaluating the performance of the programs.

*Screening, Brief Intervention, Referral and Treatment - SBIRT*
Between 15% to 20% of adolescents and adults who present in health care settings use alcohol and/or drugs in unhealthy ways. This use may develop into dependence over time. Traditionally, we have focused on prevention before use starts, and treatment once the problem is in its acute stages. Screening, Brief Intervention, Referral and Treatment (SBIRT) focuses on the large group of people in between who may use alcohol or drugs in unhealthy ways but who are not yet dependent.

The Massachusetts Screening, Brief Intervention, Referral and Treatment (MASBIRT) program was established in 2006 by BSAS with a federal grant from SAMSHA. Administered by BSAS, in partnership with the Boston Medical Center (BMC), MASBIRT's goal is to offer screening for unhealthy or harmful alcohol and substance use in primary care, inpatient and emergency care settings and to provide feedback and brief counseling to those who are identified. MASBIRT screenings and interventions are done by Health Promotion Advocates (HPA). Screening is done at BMC, community health centers and other hospital sites in the Boston area, as well as Quincy Hospital. If a patient screens positive for abuse or dependence (approximately 3-5% of those screened), they are offered a referral to treatment.

The overarching goal is to integrate screening for unhealthy or harmful alcohol and substance use into all general medical settings with interventions and referrals to treatment as indicated. Screening in OB/GYN clinics has been emphasized to ensure that women of childbearing age are informed about the dangers of using substances before, during, and after pregnancies. Over 95,000 individual patients have been screened by MASBIRT since March, 2007 in a variety of healthcare settings. MASBIRT is entering the final year of a five year grant cycle and is the largest of several SBIRT programs across the Commonwealth. Finally, the team is working at all sites to sustain routine screening as part of healthcare practice and working with various state agencies to incorporate SBIRT and normalize conversations about alcohol and drug use.

*MassCALL II*

In October 2006, the Governor of Massachusetts convened statewide leaders in substance use disorder prevention to form MassCALL II, the Massachusetts Collaborative for Action, Leadership and Learning to implement the Strategic Prevention Framework State Incentive Grant to reduce substance use disorder and build prevention capacity and infrastructure at the state and community levels. MassCALL II set out to implement the five steps of SAMHSA's Strategic Prevention Framework – assessment, capacity building, planning, implementation, and monitoring/evaluation – at both the state and local levels.

The goal of MassCALL is to reduce the incidence of fatal and non-fatal opioid overdoses in each funded community. With funds from MassCALL II, BSAS awarded grants to 15 communities with a high incidence of opiod overdoses in Massachusetts to conduct community needs assessments and to implement evidence-based strategies to address the problem. The funding was awarded to the communities based on: population, incidence of opioid overdoses, need, and current resource availability. The 15 high-incidence communities are Cambridge, Gloucester, and Quincy, as well as in the following 12 locations, all of which are included in the top 18 "overall at-risk" communities of Massachusetts: Boston (Charlestown, Jamaica Plain/Roxbury, South Boston, and the South End), Brockton, Fall River, Lowell, Lynn, New Bedford, Revere, Springfield and Worcester.

These fifteen diverse communities have developed local coalitions, which include police and criminal justice agencies, first responders and emergency medical technicians, and

users and bystanders, to address the fear of contacting 911 and to educate and train community members about the prevention and reversal of opioid overdoses. Communities have also worked in conjunction with Narcan (opioid overdose reversal medication) pilot programs, which have reversed over 750 overdoses.

***Youth Intervention & Recovery Programs***

Youth intervention programs address the needs of individuals, families, and communities in the early stages of substance use disorders. The programs focus on youth/young adults who have actively begun to experiment with drug use and/or who are in a very high-risk environment or situation due to some form of individual or family drug/alcohol involvement.

BSAS funds youth intervention, residential, and recovery programs across the Commonwealth. Excluding Beverly and Danvers, the youth intervention, residential, and recovery programs are all located in some of the most at-risk communities for youth substance abuse across the Commonwealth:

- Boston *(Recovery High School)*
- Boston *(Youth Intervention)*
- Boston *(Youth Residential)*
- Beverly *(Recovery High School)*
- Brockton *(Youth Detox/Stabilization)*
- Chelsea *(Youth Intervention)*
- Danvers *(Youth Residential)*
- Lawrence *(Youth Residential)*
- South Boston *(Youth Residential)*
- Springfield *(Youth Residential)*
- Springfield *(Recovery High School)*
- Worcester *(Youth Detox/Stabilization)*
- Worcester (Youth Residential)

*CASA START*

The National Center on Addiction and Substance Abuse, Striving Together to Achieve Rewarding Tomorrows (CASA START) is an intensive community-based case management intervention program for high-risk middle school-aged students (8 – 13 year olds) devised by the Center for Addiction and Substance Abuse at Columbia University.

Although funding expired in the five original sites in June 2009, MDPH continues to fund sites in Boston and Winthrop. In addition, the Department of Youth Services (DYS) has implemented an innovative CASA START model for youths in their care – a first in the nation – with implementation for 13 to 17 year olds. CASA START has implemented this model in over six locations, all of which are included of the top 18 overall at-risk communities of Massachusetts: Dorchester, Holyoke, Lawrence, Lynn, Roxbury, and Springfield.

*Recovery High Schools*

Recovery high schools are four-year, non-traditional public high schools for youth who have been diagnosed with a substance use disorder. The schools provide a comprehensive academic curriculum that is consistent with Massachusetts State Standards, testing protocols and course requirements of their respective sending school districts. All of the

schools have the capacity to serve students who have individualized education programs (IEPs).

The schools actively support students in their recovery by providing smaller class sizes (approximate 7:1 student/teacher ratio), individualized attention, licensed counseling services, and daily group meetings when students have the opportunity to process issues related to both education and recovery. The schools strongly encourage and provide opportunity for parent involvement as a key element in an individual's recovery.

***Adult and Family Intervention & Recovery Programs***

Adults Residential Treatment Programs are services for individuals who have recently stopped using alcohol and/or other drugs, have been stabilized medically and are able to participate in a structured residential treatment program. Adult Residential Treatment includes Recovery Homes, Social Model Recovery Homes, Therapeutic Communities, and Specialized Residential Services for Women. Pregnant women in early recovery who need assistance in developing and maintaining life skills necessary to implement drug-free living are eligible for the programs that offer enhanced services for pregnant and postpartum women and their infants.

*Family Residential Treatment*

Family Residential Treatment Services provide a safe and supportive treatment environment for families when the caretaking parent(s) have a chronic substance abuse problem. Programs provide housing, individual and family treatment, and case management of substance use disorder treatment and other services for families to support and sustain sobriety as well as keep families intact. A portion of the family slots are designated for homeless families referred from the Department of Housing and Community Development (DHCD) and from the Department of Children and Families (DCF). The Institute for Health and Recovery (IHR) coordinates access to the Family Residential Treatment Programs.

*Family Sober Living Programs*

Family Sober Living Programs provide a next step for homeless families that have achieved four to six months of sobriety, no longer need the structure of a residential treatment program, but need drug and alcohol free supportive transitional housing while continuing to pursue permanent housing. These families often face barriers to housing and employment, such as the Criminal Offender Record Information (CORI), which increase the time in obtaining permanent housing.

*Specialized Residential Services for Women (SRW)*

These programs provide a safe and structured therapeutic environment where women may obtain residential substance abuse treatment services while still maintaining custody and care of their children. Reunification with children can occur while the mother is staying at the program.

## *MDPH-Supported Home Visiting Programs*

**Figure V.1**

| **Overview of MDPH-Supported Home Visiting Programs** | | |
|---|---|---|
| **Program Name** | **Number of Families Served** | **Programmatic Cost per Family** |
| FRESH Start | 51 | Unknown |
| Helping Hand | 74 | Unknown |
| Family Recovery Project Program | 84 | $1,417 |
| Project RISE | 605 | $1,243 |
| Substance Abuse Engagement Project | 92 | $1,603 |
| **TOTAL/ AVERAGE COST** | **Total Families: 906** | **Average cost per family: $1,421** |
| **MEDIAN** | **Median: 84 families** | **Median cost per family: $1,417** |

*A Helping Hand Program*
A Helping Hand (AHH) Program is a home visiting program federally funded by the Administration for Children and Families (ACF) through CAPTA legislation. AHH serves mothers who have given birth to substance exposed newborns (SEN), their babies, and their families in the immediate post-partum period that have been referred by DCF.

The program's goals are to give exposed newborns the opportunity to achieve their full health and development potential by supporting parents in nurturing environment. AHH home visitors provide a comprehensive, coordinated system of care for SEN, their mothers and families, using peers – mothers in recovery – known as Family Support Specialists (FSS) to intervene in the immediate post-partum period to support, engage and advocate for parents of SEN and to link them with community services. This program, developed as a national evidence-based model, builds on community health worker research that has demonstrated the effectiveness of connecting with and providing effective services in multiple health care and public health settings[2-4].

A Helping Hand serves mothers of SEN, their babies and their families in shelters and motels in Cambridge and Leominster, as well as in some of the top 18 "overall at-risk" communities of Massachusetts, such as Springfield and Fitchburg. Clients remain in the program up to 12 months postpartum, depending on their needs. In FY09, AHH served 74 mothers. This pilot demonstration project will be ending in October, 2010. Finally, lessons learned throughout program implementation and project evaluation will be applied to other programs serving SEN and their families.

*Family Recovery Project Program*
The Family Recovery Project Program is a collaborative home visiting project of the Institute of Health Recovery (IHR), the Bureau of Substance Abuse Services (BSAS) and the Department of Children and Families (DCF) funded through ACF. The program provides home visiting services to parents in Hampden County with open DCF cases who

have substance use problems and who are not receiving adequate treatment to address these problems.

The Program's licensed social workers engage and build therapeutic relationships; provide substance use and co-occurring disorders treatment provision; assist with housing, education, benefits; and collaborate with other providers to ensure that appropriate referrals are made to necessary agencies, depending upon needs. During 2007-2008, the Program served 84 families and 191 children (with 114 children served in home and 77 out of home).

*FRESH Start*
FRESH (Family, Recovery, Engagement, and Support of Hampden County) Start is a home visiting program federally funded by ACF directed at pregnant women and new mothers of children under six months of age – as well as their partners and babies – with substance use disorders. Specifically, FRESH Start serves all of Hampden County – both urban and rural – including Westfield, Ludlow, and Feeding Hills, as well as some of the top 18 "overall at-risk" communities of Massachusetts, such as Holyoke, Springfield, and Chicopee.

The program's goals are to provide recovery, engagement and parenting support for pregnant women and new parents with substance use disorders, as well as to link substance exposed newborns to developmental services through Early Intervention (EI) programs. Home visitors include a master's level substance use disorder/mental health clinician and three Community Health Workers, known as Family Support Specialists (FSS), who are themselves mothers in recovery. Typically, caseload varies from 10-12 families per home visitor.

As of March 30, 2010, 51 families, 35 young children, and 50 infants were served. In addition, 387 people have participated in trainings sponsored by FRESH Start. Many clients are single parents from racial and ethnic minorities and typically are low wage earners without achieving higher a higher education.

FRESH Start's program model is based on the use of recovery coaches for child welfare-involved families, and includes the Nurturing Program curriculum and the Active Parenting curriculum, both of which have been validated. Finally, Brandeis University is currently conducting an evidence-based evaluation of the program.

*Project RISE*
Project RISE (Recovery, Information, Support and Engagement) is a state-wide home visiting program jointly funded by BSAS and the Department of Housing and Community Development (DHCD). It is directed at homeless pregnant and parenting women, as well as parenting men, with substance use disorder issues who are receiving emergency family shelter assistance through DHCD.

The Project primarily focuses on providing home-based engagement, substance use/co-occurring mental health early intervention counseling, and care coordination services for

families referred within the DHCD Family Emergency Shelter System. Home visiting service providers either have a MSW or LICSW. From July 1, 2008 through June 30, 2009, the program served a total of 605 families across the Commonwealth.

*Substance Abuse Engagement Project*
The Substance Abuse Engagement Project, housed at the IHR and funded by DCF, is a home visiting program that serves substance abusing parents in Essex and Middlesex Counties with open DCF cases and/or adolescents with open 'child in need of services' (CHINS) who have identified substance use problems and who are not receiving adequate treatment.

The Project's licensed social workers provide home-based engagement and substance use/co-occurring mental health care coordination services for families, assistance with housing, education, benefits, and other referrals as needed. Families are eligible if they have custody of one or more of their children or if they are working toward reunification. In addition, youth are eligible if they are involved with DCF. In FY10, the Substance Abuse Engagement Project served 92 families statewide, with 20 families placed on their waiting list.

The Project estimates that it spends $1,603 per family per year. Since this program has a cap on the number of service units allowed within one year, there is often a waitlist. Furthermore, additional staff cannot be hired at this time, although community needs exceed capacity, and if more staff were added, they would have full caseloads.

**Capacity Building**
While addiction is a chronic condition, it is preventable. The Commonwealth emphasizes prevention strategies at both local and state levels. Specifically, reaching out to communities, provider groups, the medical system and other public agencies is critical to this effort. Through the Strategic Prevention Network, strong local coalitions have been built in many areas of the state; these coalitions link prevention and treatment/recovery work. Massachusetts is ideally positioned to use SAMHSA's Strategic Prevention Framework State Incentive Grant (SPF SIG) to help communities assess, plan and implement prevention efforts[5]. The realization of these strategies, as described below, are essential to developing the capacity for substance abuse services across the state.

- Strategy 1: Increase support for prevention as a key component of the Recovery-Oriented System of Care
- Strategy 2: Implement new models of communication about prevention, using new technologies when appropriate
- Strategy 3: Enhance linkages between prevention efforts and the human service and health care systems, including the substance use and addictions treatment system
- Strategy 4: Continue and expand efforts to prevent fatal and non-fatal opioid overdoses

**Substance Abuse Service Gaps or Duplications in At-Risk Communities**
Holyoke, Springfield, Fall River, Boston, and Pittsfield are the only communities which are in the top 10 most at-risk communities in terms of substance use disorder in Massachusetts, as well as in the top 18 "overall at-risk" communities in Massachusetts identified through the needs assessment. They are the focus of this discussion.

*A Helping Hand*
This program serves mothers of substance exposed newborns, their babies and their families in shelters and motels in a number of communities, such as Springfield, has a number of gaps in their services. AHH is dependent on referrals from birth hospitals and DCF and does not take self-referrals, which limits the number of families they can serve. In addition, mothers or their families frequently move away, which makes it difficult to maintain contact with them.

*Fresh Start*
Fresh Start, which serves all of Hampden County, including Holyoke and Springfield, has six families currently on a waiting list, and the numbers are growing. As staff caseloads are at capacity, referrals are then turned away when babies are older than six months. Clients are often unable to access services because they lack transportation and child care. Finally, many substance exposed newborns are still not being served by EI, and collaborating across state agencies continues to present communication and referral challenges.

*Institute for Health and Recovery (IHR)*
IHR has three home visiting programs specific to substance use disorder services in Massachusetts, which all have gaps of their own: the Family Recovery Project Program, Project RISE, and the Substance Abuse Engagement Project.

The Family Recovery Project Program, which serves all of Hampden County, including Holyoke and Springfield, has found collaboration among state agencies a challenge. Project RISE, which serves homeless pregnant/parenting women and parenting men across the state, can only work with families up to three months after they have left a shelter due to funding constraints. As a result, newly housed (formerly homeless) families struggle at during the fourth or fifth month of living independently. Finally, the Substance Abuse Engagement Project, which serves substance abusing parents in Essex and Middlesex Counties, has a cap on the amount of service units allowed during a year. As a result, there is often a waiting list, as they cannot hire additional staff.

Overall, there are important gaps across the Commonwealth in home visiting programs and services directed at substance use disorder services. There are gaps in the location and delivery of services. For example, there are a number of home visiting substance use disorder programs located in Holyoke and Springfield (AHH, Fresh Start, etc.), as well as numerous screening, prevention, intervention, and recovery programs centered in various areas of Boston (MASBIRT, MassCALL II, etc.). However, there are fewer programs and services located in Fall River (only MassCALL II) and Pittsfield (identified as a

source if referrals for Project RISE). Because Fall River and Pittsfield are in the top ten most at-risk communities in terms of substance use disorder in Massachusetts, as well as in the top 18 "overall at-risk" communities, future intervention efforts should address the need for more services in these two communities.

## Conclusion

Substance use is a major factor contributing to problems in families that affect young children, including child welfare, domestic violence, criminal justice involvement, as well as with the physical and mental health of both parents and children. Engaging these families can prove difficult, but home visitation models are helpful in providing families and children the care and support they need.

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